

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **38677**  
Registrar's No. **10852**

**FILED DEC 15 1951**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE - <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS 2209</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DE PAUL HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>2563 WARREN ST</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LUCILLE</b> b. (Middle) b. (Last) <b>Barth</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12 5 51</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>12-17-1909</b>
9. AGE (In years last birthday) <b>41</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	11. BIRTHPLACE (State or foreign country) <b>ST LOUIS MO</b>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>GASMIER LEWANDOWSKI</b> 13b. MOTHER'S MAIDEN NAME <b>FRANCES PUDLOWSKI</b> 14. NAME OF HUSBAND OR WIFE <b>WALTER BARTH</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>WALTER BARTH</b>		ADDRESS <b>2563 WARREN ST</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lower Nephron Nephrosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Severe Shock</b> DUE TO (c) <b>Abruptio Placenta &amp; Hemorrhage</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b> <b>8 days</b> <b>8 days</b>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION		21. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>670.6</b>	
22. I hereby certify that I attended the deceased from <b>11/27, 1951</b> , to <b>12/5, 1951</b> , that I last saw the deceased alive on <b>12/4, 1951</b> , and that death occurred at <b>7:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Ray V. Boedeker (MD)</b>		23b. ADDRESS <b>453 N. Taylor</b>	23c. DATE SIGNED <b>12/5/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12-10-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MO</b>
DATE REC'D BY LOCAL REG. <b>DEC 7 1951</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b> 25. FUNERAL DIRECTOR'S SIGNATURE <b>W. G. GOODHART</b> ADDRESS <b>2228 ST LOUIS AV</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. W. M. Bumbley*

Licensed Embalmer No. 3653

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.